

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or _____

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200

County Registrar No. _____

Local Registrar No. 998No. Coffee Canyon St. _____ Ward _____

(If birth occurred in a hospital or institution give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Betty Floe Jackson3. Sex of Child FemaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date of birth 12 30 26
Month day year

5. No., in order of birth _____

3. FATHER

Full name Marvin S. Jackson9. Residence (Usual place of abode) Pinto CreekIf nonresident, give place and state Gila County10. Color or race White11. Age at last birthday 20 (Years)12. Birthplace (city or place) Globe, Arizona

(State or country)

13. Occupation

Nature of industry Cattlemen

14. MOTHER

Full maiden name Pansy Dorsey15. Residence (Usual place of abode) Pinto CreekIf nonresident, give place and state Gila County16. Color or race White17. Age at last birthday 19 (Years)18. Birthplace (city or place) Broken-bow, Okla.

(State or country)

19. Occupation

Nature of industry H. W.20. Number of children of this mother { (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 A.M. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature L. E. Wightman Jr.Address Globe, Arizona

Given name added from a supplemental report _____

Month, day, year.

Filed 12-31, 1926

Local Registrar.

Registrar.

Filed _____

County Registrar.

215-1230-748

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.